T N	NISSOUE	RI DI	VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $=62-0$	14573
DO NOT WRITE ON THIS STUB	AMENC	DED	Registration District No. 73 Primary Registration District No. 4/33 Registrar's No. 6/	E NUMBER
VS 300			1. PLACE OF DEATH WAY 1 4 1962 2. USUAL RESIDENCE (Where deceased lived. If institution as COUNTY b. COUNTY b. COUNTY	ion: Residence before admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b c. CITY	Inside Limits
ا بر	NE I		TOWN Hearney 12 yrs TOWN Hearney	Yes Ø No □
26000	DATE A		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Yes No	Reside on Farm
3			3. NAME OF DECEASED First Middle Lest 4. DATE Month DE (Type or print) RICHARD RAY FIELD DEATH May 2	ey Year
4 0			5. SEX 6. COLOR OR RACE 7. Married W. Never Married B. DATE OF BIRTH 9. AGE (last birthday)/ IF UNDER 1 Y	YEAR IF UNDER 24 HR
5 /			1 /Male While """ 8-20-1883 78 1	ays Hours Min.
6	s _×		10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN Ret. R. Agent Station Verslington R. R. Hear Forest City Mo.	OF WHAT COUNTRY
7 G	FOLLO		138. FATHER'S NAME 14. HAME OF HUSBAND OR V	7.01
8 Z.	ااما	$\mid \cdot \mid \cdot \mid$	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	neld
9422.1	ш I		(Yes, no. or unknown) (If yes, give war or dates of service) Makel Field Hearney	Mo.
10	¥	Į.	18. CAUSE OF DEATH (Enter only one cause per line to PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11	CORD	\ X	IMMEDIATE CAUSE (a) Carlin voscular Collapse	1/2 km
	EAD EAD	DOCUMEN	Conditions, if any,) DUE TO (b) As yeriv selenosas	104.
12 90-0			which gave rise to above cause (a).	
• • •		+	stating the under- lying cause last. DUE TO (c)	
	NO		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II. If decess there a pro-	ed was female was egnancy in last 90 days
				□ No □ Unknowr
	4MENDMENTS		19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES NO 120.	₹T II of item 18.)
	AWE		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK AT	STATE
AC OR TER	READ		21. I attended the deceased from 1958, to 2 May 62 and last saw him alive on 1 Ma	262
			Death occurred at 5:30 A m m on the date stated above, and to the best of my knowledge, from the	he causes stated.
USE	SHOULD	비비	22a. SIGNATURE 22b. ADDRESS	22c. DATE SIGNED
≱	<u> </u>	NI	21. BLIDIAL COPMATION. 1 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION CRY, town, or county)	18 Mes 62
	ġ Ż	AFFIDA	SERIOVAL (Specify) 6-14-62	(State)
	EW N	AFF	29 FUNERAL DIRECTOR / ABDRESS 25/DATE RECD. BY LOCAL/REG. 26 REGISTRARY SIGNATURE)	-, 500.
		BY	tytunesal Home Alaxney Ma 3-11-62 Marel 0)	ranam.
			(Licensed Embalmer's Statement on Reverse Side)	

MRY 22 1962

WAY 15 196's

STATEMENT BY LICENSED EMBALMER

or-by	, Student Embalmer No		
working under my personal supervision.	Signed Smaller Jarman		
Student	_ Signed Amall Alaman		
Signature of Student Embalmer			
	Licensed Embalmer No. # 589		
·	Excelsion In M		
<u>.</u>	P. O. Address Thursday, 1700		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.